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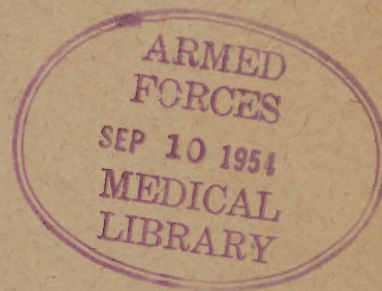
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(DOCUMENT SECTION)

THE AVIATION MEDICINE ORGANIZATION  
OF THE LUFTWAFFE

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<u>Frank B Rogers</u>	



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SUB-COMMITTEE





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THE AVIATION MEDICINE ORGANIZATION  
OF THE LUFTWAFFE

May 1945

Reported By

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CIOS Target Number 24/36

COMBINED INTELLIGENCE OBJECTIVES SUB-COMMITTEE  
G-2 Division, SHAEF (Rear) APO 413

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TABLE OF CONTENTS

	<u>Page</u>
1. Organization Chart .....	3
2. Correlation of Aviation Medicine and Design of Personal Equipment .....	3
3. Forschungsführung der Luftwaffe .....	3
4. Luftfahrtmedizinisches Forschungsinstitut .	4
5. Relationship to Chinese, Russian and Japan- ese Aviation Medicine .....	4

SUMMARY

The medical organization of the Wehrmacht and Luftwaffe is depicted by a chart. The organization of aviation medical research and cooperation with China, Russia and Japan are discussed. The information was collected from German sources principally from Colonel Hubertus Strughold.

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### THE AVIATION MEDICINE ORGANIZATION OF THE LUFTWAFFE

#### 1. Medical Organization Chart

(a) Changes have been made during the past year for the purpose of bringing the medical element into closer alignment with the general command organization of the Wehrmacht and the Luftwaffe. This was accomplished by making the chief of the medical services a member of the general staff. Under this officer are placed the medical organizations of the Army, Navy and Air Force.

(b) The chief medical officer of the Luftwaffe is the head one of the some 14 major branches of the Luftwaffe and thereby comes under the Oberkommando of the Luftwaffe who is a member of the general staff.

(c) The organization of the medical activity within the Luftwaffe is indicated on the chart. The medical care and hospitals for personnel of the Luftwaffe are entirely separate from the medical activities of the Army and Navy.

(d) This reorganization of the medical activities was made because of unsatisfactory cooperation between the "Line" and the medical organization.

#### 2. Correlation of Aviation Medicine and Design of Personal Equipment

(a) The design of personal equipment is accomplished by the Technischeramt which is one of the major divisions of the Luftwaffe and is at the same level as the medical department of the Luftwaffe.

(b) The correlation of physiology and aeronautical equipment is accomplished by cooperation of the individuals concerned rather than by any formally established means.

#### 3. Forschungsführung der Luftwaffe

(a) This organization supervises all research by and for the Luftwaffe both military as well as civilian. Cooperation between this organization and the research branch of the medical organization is accomplished by Stabsarzt Dr. Becker-Freyseng.



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3. Forschungsführung der Luftwaffe (Cont'd.)

(b) A civilian organization which desires financial assistance for work on an aviation medical problem addresses the request to the Chef des Sanitatswesens der Luftwaffe. The Chef is advised by the head of the Luftfahrtmedizin branch who by means of his activity in the Forschungsführung is able to represent the interest of that organization.

4. Luftfahrtmedizinisches Forschungsinstitut des Reichsluftfahrtministeriums

(a) In the reorganization of the medical activities of the Wehrmacht and Luftwaffe this organization was placed directly under the Chef des Sanitatswesens der Luftwaffe (the name was not changed) and at a higher echelon than the regular research branch of the medical organization. This has results in competition and apparently some strained relationships between the two organizations and personalities involved.

(b) Colonel Hubertus Strughold has been the director of this organization for many years and is considered the outstanding man in German Aviation Medicine. Prior to 1945, Dr. Strughold was a civilian officer; on 1 January 1945 he was made a Medical Officer of the Luftwaffe with the rank of Colonel and some increase in remuneration.

(c) The following organizations were under Dr. Strughold but whether or not this was merely the personnel involved in the last organization is not clear:

- (1) Aussenstelle für Hirnforschung des Luftfahrtmedizin, Forschungsinstituts im Kaiser-Wilhelm-Institute für Hirnforschung, Berlin;
- (2) Aussenstelle des Luftfahrtmedizin, Forschungsinstitut Brandenburg am Inn;
- (3) Physiologisches Institut, Heidelberg.

5. Relationship to Chinese, Russian and Japanese Aviation Medicine

(a) A Chinese physician, Dr. Chang Tusute, spent three years in the Luftfahrtmedizinisches Forschungsinstitut with Dr. Strughold. He was quite popular and every effort was made to give him good training in Avi-

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5. Relationship to Chinese, Russian and Japanese Aviation Medicine

(a) (Cont'd.)

ation Medicine. He left in 1939 because of the change in the German foreign politics to join the staff of General Chiang Kai Shek as the head of Aviation Medicine. He is considered by Dr. Strughold to be an excellent man.

(b) Russian visitors to the aviation medical laboratories were frequent and the German workers were instructed to cooperate completely and to show their work in all details. These Russians were disliked and the German personnel made their efforts at cooperation more apparent than real.

(c) In 1940, a Japanese physician, Dr. Miura, was assigned to the Luftfahrtmedizinisches Forschungsinstitut. He was very energetic in collecting information on aviation medicine although in contradistinction to the Chinese physician he did no laboratory work himself and was disliked. Dr. Strughold considered him to have a wide knowledge of aviation medicine or at least to have it all written down in the voluminous notes which he made. He was free to travel throughout Germany and attended all the aviation medicine meetings. He worked closely with the Japanese "Military Mission" and diplomatic activities in Germany.

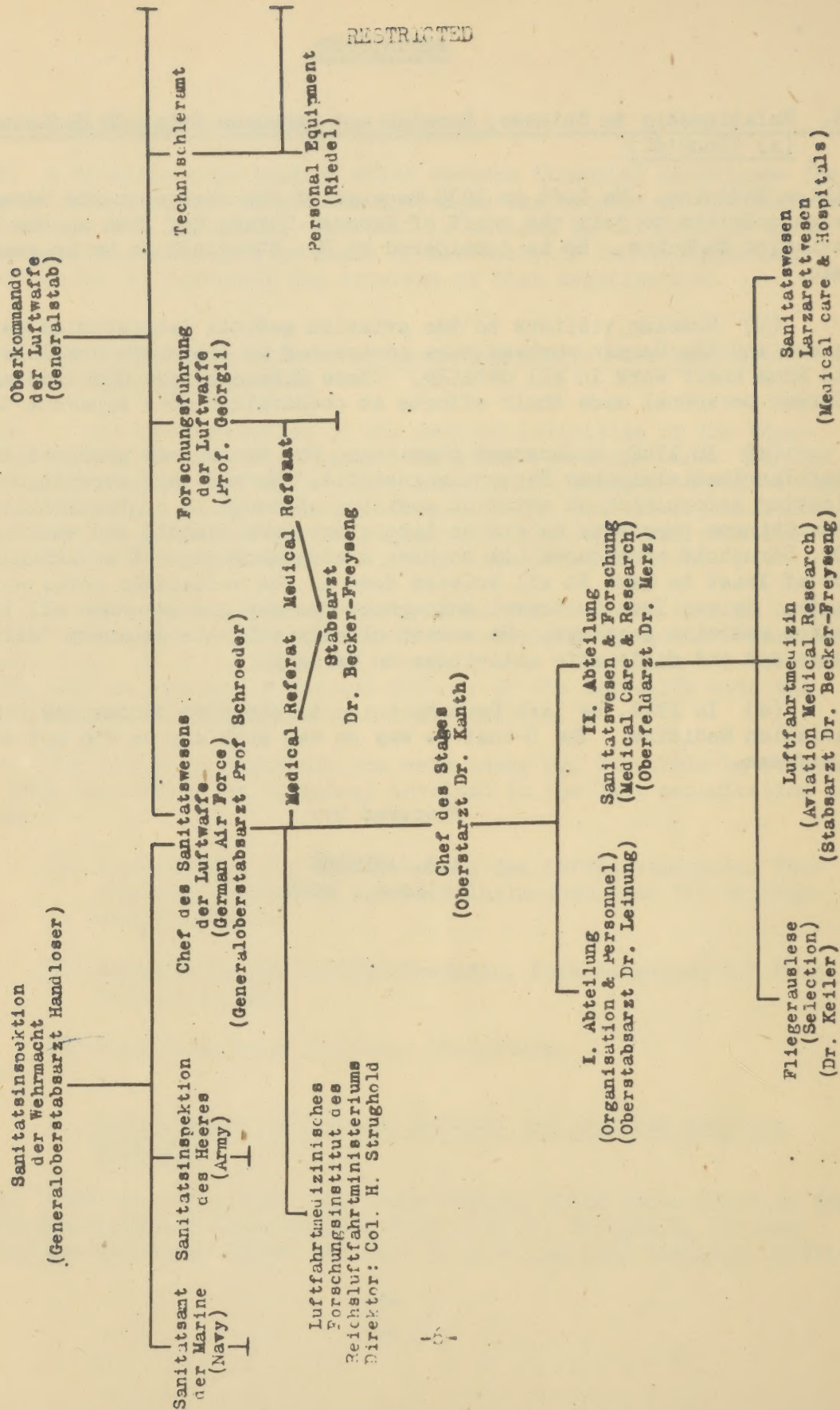
(d) In 1942, he left Germany to go to Japan to become the head of Aviation Medicine. The U-boat he was on was sunk and he did not arrive in Japan.

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# ORGANIZATION CHART



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